

THE UNIVERSITY OF IOWA COLLEGE OF PUBLIC HEALTH

# INSIGHT

Spring 2017

## Safer Cycling

Putting public health  
research into policy



College of  
Public Health



## FROM THE DEAN

**SPRING IS ALWAYS A TIME OF TRANSITIONS**, and the College of Public Health saw its share of changes as colleagues stepped up into new positions or stepped down from leadership roles. Sue Curry left her position as dean when she moved across the river to serve as University of Iowa interim executive

vice president and provost. We thank Dr. Curry for her nine years of outstanding leadership, positioning the college as a leader in public health research and education. During her tenure, the college grew tremendously while maintaining its commitment to preparing students to take on important public health challenges and actively engaging with communities across Iowa, the nation, and world.

I'm honored to be writing to you as interim dean of the college, a role I'll be serving in until a permanent dean is selected following a national search. We'll keep you updated as the process moves forward. You can read more about the leadership transitions within the college starting on page 16.

In this issue of *InSight*, we're focusing on collegiate research that directly impacts the state of Iowa and the well-being of its residents. A new initiative, the Policy Fellow Program, prepares faculty to translate their public health research into practice and policy. The three inaugural projects aim to create policy that will improve cancer reporting, newborn screening, and bicycle safety in Iowa.

We revisit the Business Leadership Network and learn about two projects funded by its second round of community grants. One of the projects in Fort Dodge provides low-income, at-risk, and underserved adults and families safe and affordable fitness and social activities to promote healthy choices. Another project sponsored by the United Way of Wapello County offers free cooking classes, a free Crock-Pot, and recipes to make healthy eating easier for families living in poverty.

We're showcasing several reports dedicated to Iowa health data that are regularly produced by centers based in the college. *Cancer in Iowa*, *Burden of Injury in Iowa*, and the *Iowa Health Fact Book* are freely available online and offer rich sources of information that public health officials and policymakers can use to guide decision-making.

We also look at how telehealth services are transforming health care delivery in Iowa and other rural states and learn about a crowdfunding project aimed at improving health access for the growing Congolese refugee population in Johnson County, Iowa.

I look forward to sharing the college's innovative research, education, and outreach activities with alumni and friends, and invite you to share your updates with us at [cph-communications@uiowa.edu](mailto:cph-communications@uiowa.edu).

*Keith Mueller*

Keith Mueller



## Putting Public Health Research into Policy

The Policy Fellow Program is helping CPH faculty translate their research into policy and practice change.

*InSight* is published twice a year for alumni and friends of the University of Iowa College of Public Health.

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## Strengthening Community Health Connections

The Business Leadership Network collaborates with Iowa's smaller communities to address health needs.



## Iowa Health by the Numbers

Rich sources of Iowa health data are available online thanks to several CPH centers and their partners.



## The Telehealth Revolution

Connecting small hospitals to "telehealth hubs" is dramatically changing the way rural areas deliver health care.

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RAGRBRAI cyclists on the road from Vinton to Shellsburg. Photo by KC McGinnis. Republished with permission © 2017 The Gazette, Cedar Rapids, Iowa.

### 15 CROWDFUNDING FOR HEALTH CARE

A project to improve health care access for Congolese refugees in Iowa recently received support from a new crowdfunding venture.

### 16 DEDICATED TO MAKING A DIFFERENCE

Sue Curry departs the College of Public Health to begin a new role as UI interim executive vice president and provost.

### 20 HAPPENINGS

News and research findings.

### 24 CLASS NOTES

Alumni news and notes.

### 25 GALLERY

Alumna Jill Kluesner teaches Mental Health First Aid courses in Iowa and nationally.

### 26 SPARK

Pulitzer Prize-winning author Matthew Desmond visited the college to discuss housing and poverty.



# Putting Public Health Research into Policy

**The Policy Fellow Program is helping CPH faculty translate their research into policy and practice change.**

**BY DEBRA VENZKE**

One of the most effective ways to improve the health of large numbers of people is through public health policy. Examples of successful policy initiatives with far-reaching impact include seat belt laws, tobacco regulations, and banning lead from paint.

To help faculty enhance their skills in translating public health research into practice and policy, the College of Public Health recently established a new Policy Fellow Program. Offered through the college's Iowa Institute of Public Health Research and Policy (IIPHRP), the year-long program creates opportunities for primary faculty to attend training workshops, connect with experts, interact with policymakers and stakeholders, and develop and implement a policy-related project.

"As researchers, we have a desire to impact our community, and that means translating evidence into policy or practice change. Building stakeholder coalitions and creating effective dissemination plans are strategies that work, but are not skills most researchers have been formally trained in," says Vickie Miene, IIPHRP interim director. "The Policy Fellow Program provides a supportive and individualized learning environment for faculty to experiment and learn these important skills while simultaneously translating their research into public health practice."

Each fellow develops and implements an "action learning project" that focuses on a critical public health topic. The project includes at least one stakeholder meeting and a final product, such as a policy brief, proposed legislative language, or a how-to guide, to disseminate at the end of the fellowship.

"Our goal is to select fellows who are enthusiastic, who address significant public health issues, and who propose a project that will likely generate an effective example of translating research into policy or practice," says Miene.

The 2016-2017 Policy Fellows are Mary Charlton, assistant professor of epidemiology; Cara Hamann, associate in epidemiology; and Kelli Ryckman, associate professor of epidemiology. Their projects, described in the following pages, are currently underway and will wrap up at the end of summer 2017, with final summaries posted at [cph.uiowa.edu/iiphrp-policy-fellows/](http://cph.uiowa.edu/iiphrp-policy-fellows/).

PORTRAITS BY JOHN CHOATE

# Modernizing Cancer Reporting



**M**ary Charlton, assistant professor of epidemiology, is also an investigator with the Iowa Cancer Registry (ICR). Her project recommends policy changes to modernize Iowa's cancer reporting laws.

The ICR is a population-based cancer registry that

has served the State of Iowa since 1973. The registry is funded by the National Cancer Institute as part of its Surveillance, Epidemiology, and End Result's (SEER) Program. Through its registries, the SEER Program routinely collects cancer data and patient demographics and is the authoritative source of information on cancer incidence and survival in the U.S.

According to SEER, "The ICR provides accurate and thorough reporting of cancer disease. The ICR has been consistently recognized for its extremely high quality data. However, Iowa has some of the weakest reporting laws compared to other states. Iowa also has one of the lowest rates of e-path (electronic) reporting of all SEER registries."

In Iowa, about 25,000 cancer abstracts per year are collected from hospitals, pathology laboratories, cancer treatment centers, and physician practices. Two-thirds of the abstracts are collected by the 14 Iowa hospitals with accredited cancer centers. Trained staff employed by the ICR collect cancer data from the other 104 hospitals and non-hospital sites of diagnosis. The ICR maintains the confidentiality of the patients, physicians, and hospitals providing data.

To ensure continued funding from NCI, it is necessary to address the low rate of electronic reporting and Iowa's weak cancer reporting requirements, which require a disproportionate amount of NCI funds to be spent on cancer data collection compared to other SEER registries.

"Existing Iowa cancer reporting requirements were developed long before widespread use of electronic record systems and at a time when nearly every cancer patient received treatment in a hospital," Charlton says. "Cancer reporting requirements must catch up with technology."

Charlton's policy recommendations are to:

- 1. Require all reporting entities to provide data electronically whenever possible.**  
Benefits include more timely case reporting, enhanced patient privacy, more complete reporting, and significant labor savings.
- 2. Add provisions for cost-sharing mechanisms.**  
Nearly \$2 million of the ICR budget is spent on cancer data collection by trained staff, which results in Iowa having the largest cost per case of all SEER registries.
- 3. Clarify the definition of who is required to report.**  
Currently, as the Iowa Code is written, it is often interpreted that only hospitals have to report cancer cases. This leads to underreporting of cancers that can often be treated in a clinic or outpatient setting.



# Improving Newborn Screening



**K**elli Ryckman, associate professor of epidemiology, has long-standing research interests in genetics and the complications of preterm birth.

“My passion is finding ways to improve the care of preterm, low-birth-weight,

and sick newborns in the Neonatal Intensive Care Unit,” Ryckman says about her motivation to apply to the Policy Fellow Program.

Her project is to refine the newborn screening policy for babies in the NICU that will result in fewer false-positive screens.

“Through the program, I hope to build consensus based on the evidence and disseminate a uniform set of guidelines for newborn screening in the NICU that allows for better use of resources in Iowa and beyond,” Ryckman says.

State newborn screening programs are critical public health services aimed at screening every child born for specific genetic, endocrine, and metabolic conditions that, if left untreated, can lead to severe disability or death.

There are about 39,000 births in Iowa each year, and approximately 10 percent of all births in Iowa are preterm, low-birth-weight, or transferred to the NICU. This 10 percent

also makes up over a third of the follow-up workload required for the newborn screening program due to the high false-positive rate in this population. Transfusions, parental nutrition, medications, and timing of the test in the NICU can affect the validity of the newborn screening test.

“It’s well-recognized that premature, low-birth-weight, or sick newborns are more likely to falsely screen positive for one or more of the newborn screening tests,” Ryckman says. “False positives have adverse impact on parents and require additional testing, which can add to the stress on the baby.”

To address these challenges, the Clinical and Laboratory Standards Institute, a non-profit organization dedicated to improving clinical laboratory testing quality, developed a guideline for screening preterm, low-birth-weight, and sick newborns in 2009. Recent surveys have shown that despite the recommendations, many physicians caring for newborns in the NICU are unaware of its existence and that only 25 percent of states have adopted or were planning to adopt the recommendations, the American Academy of Pediatrics reports. Iowa has not yet adopted the recommendations.

Ryckman’s policy recommendation is to develop and disseminate a uniform set of guidelines to be implemented across Iowa. These guidelines will align with the national recommendations, provide for better utilization of resources, and decrease false positives in this special population of newborns.

# Increasing Bicycle Safety



**C**ara Hamann, an associate in the Department of Epidemiology, developed an issue brief to highlight bicycling safety research, a topic that has received attention recently due to an increasing number of automobile and bicycle crashes

in Iowa. In collaboration with the Iowa Bicycle Coalition, she also held a bicycle safety policy action forum of stakeholders in December 2016 and produced a forum recap document containing statewide key issues and action items.

“There were 340 bicycling injuries and 8 fatalities as a result of bicycle–motor vehicle collisions in Iowa in 2016,” says Hamann. “That’s up from 3 deaths in 2014, and 5 in 2015.”

Bicyclists have higher crash-related risk of injury and death due to their lack of physical protection, slow speed, and size differential compared to other roadway users. In alignment with the Iowa Bicycle Coalition 2017 legislative initiatives, Hamann supports several changes in Iowa code to make bicycling safer.

## **Require motorists to change lanes when passing bicyclists**

Motorists hitting bicyclists from behind have accounted for about half of fatal bicycle crashes in Iowa over the past five years, Hamann says. Penalties assessed to motorists at fault in these fatal crashes are generally a traffic ticket with an enhanced penalty of a \$1,000 fine and six-month license

revocation. A measure to require vehicles to change lanes to pass bicyclists passed both the Senate and House subcommittees (HF 513, SF 450), but did not advance further.

## **Increase penalties and make distracted driving a primary offense**

Most Iowa drivers don’t receive charges in bicycle–motor vehicle crashes, regardless of fault. Two bills that increase penalties were passed during the 2017 legislative session and signed into law by Gov. Branstad. One bill (SF 234) changes hand-held electronic communication (writing, sending, or viewing electronic messages) from a secondary to a primary offense and will go into effect starting July 1. However, this new law still allows drivers to use hand-held devices to make phone calls or check GPS directions. The second bill (SF 444) increases penalties to allow drivers to be charged with reckless driving when their hand-held device use causes a fatality. This type of charge is a Class C felony.

## **Increase appropriations for bicycling infrastructure**

Results from a study of 294 sites in Iowa suggest that bicycle lanes and shared lane markings can reduce crash risk by as much as 60 percent. In a sample of Iowa drivers, shared lane markings improved driver positioning during overtaking, especially among older drivers.

“I was motivated to apply to this program to develop skills to translate my research into tangible products to be used for policy change and real impacts on safety,” says Hamann. “I want to use this opportunity to draw attention to bicycle safety and complement the current grassroots efforts underway in the bicycling community.”





# Strengthening Community Health Connections

**The Business Leadership Network collaborates with Iowa's smaller communities to address health needs.**

**BY JENNIFER NEW**

**A**t one community forum hosted by the Business Leadership Network, an industry leader commented that it was not uncommon for as many as 15 percent of his employees to be sick on any given day. From his individual perspective, the business owner had no way to know if this was part of a trend representing a community-wide health concern. He didn't know if other business or the local schools were experiencing similar absences, for instance. And without knowing the cause of the higher numbers, how could he hope to fix the situation?

Finding and addressing the roots of community health issues is a central goal of the Business Leadership Network (BLN). Founded in 2011 through the Iowa Institute of Public Health Research and Policy, the BLN and the grants program it oversees is intended to foster collaboration in Iowa's smaller communities to tackle areas of identified community health need.



Uniforms await games and kids enjoy after-school activities at Athletics for Education and Success in Fort Dodge; a participant in a cooking class in Wapello County receives a free slow cooker.

### **Gathering Community Input**

A key to the program, says Tara McKee, coordinator of the BLN, are community forums that foster conversation and help leaders discern patterns and needs.

“We start with a planning group,” says McKee of the process that goes into organizing a forum, “including the chamber of commerce and other business owners, the schools and the nearest community college, United Way, bankers, hospital administrators, and local public health officials. We ask them about the most immediate public health needs in the community, and from there, we narrow to three or four topics.” To date, topics of interest have included food insecurity, diabetes, and dental care.

During the forums, community experts present on the chosen topics, while UI College of Public Health faculty and staff provide relevant research and examples of successes from other communities. Beyond this collaborative sharing of knowledge, McKee says the forums are vital networking opportunities at which local leaders find others with common concerns. That business owner with the high absentee rate, for instance, could compare notes with a county public health official, or connect with a UI faculty member who studies absenteeism.

### **Partnering for Success**

The grant program, which is in its second year, adds another layer. Not only do the BLN Community Grants provide financial support, but the program also requires partnership in order to qualify for funding.

*“We are hoping to challenge the assumption that everyone in our community is fed.”*

Athletics for Education and Success in Fort Dodge has been awarded funding in both cycles of the BLN grant. Charles Clayton, CEO of the nonprofit that was founded in 2004 to provide more after-school athletic, mentoring, and educational opportunities to young people, says the grant has been helpful in gaining more partners. “People are more likely to jump on board as a result of our work with the University of Iowa,” he says. New partners include the Fort Dodge Police, who are teaching an exercise class, and coaches from the local public schools, who are volunteering their time as referees.

After receiving the BLN grant last year, the nonprofit was able to expand weekend activities for kids. Hearing from many of the participants’ parents that they wished they had more access to fitness and athletic opportunities, Clayton and his team applied for the second year of the BLN grants and is now offering weekend family sports activities, such as dodgeball and volleyball, as well as fitness classes aimed particularly at single mothers.

### **Making the Most of Meals**

In southeastern Iowa, the United Way of Wapello County is using its BLN grant award to extend a burgeoning program intended to help families learn easy, healthy cooking skills based on available and affordable food items. Via the grant, 25 families monthly are receiving free Crock-Pots. During a monthly class led by a registered dietician from the local

Hy-Vee grocery store, participants make three meals, which they can take with them, and receive recipes for their slow cookers.

While many families rely on the local food pantry, they tend to gravitate toward easy foods, such as frozen pizzas and pasta. The Crock-Pot program will help them take raw ingredients, including fresh vegetables, dried legumes, and various meats, and create healthy meals that will extend the food and also provide greater nutrition. The recipes are specially designed to be easily edited for changing ingredients. A turkey chili, for example, can be made entirely vegetarian to reflect the availability of beans at the food pantry, or venison can be substituted during hunting season.

“We are hoping to challenge the assumption that everyone in our community is fed,” says Blaire Siems, director of the United Way of Wapello County and point person for the grant. She adds that, “Twenty-five percent of the children in Wapello County are hungry, so there’s a pretty good chance the parents are hungry, too.”

The cooking classes and the families they serve are but one thread in the complex tapestry of a community’s health, but the BLN grants are built on the belief that strengthening such threads is instrumental in supporting the health of the entire community.



# Iowa Health by the Numbers

**Rich sources of Iowa health data are available online  
thanks to several CPH centers and their partners.**

**BY DEBRA VENZKE**



“Numbers have an important story to tell.  
They rely on you to give them a voice.”

– Stephen Few, information design educator and author

There’s no shortage of public health challenges to tackle, from long-standing concerns like heart disease and obesity to more recent issues such as opioid addiction and Zika virus.

To make the best choices about where to allocate limited resources, public health practitioners, policymakers, hospital administrators, and other health providers need solid, well-researched information to help guide decisions. Data is not only essential for deciding where to concentrate efforts, but also to inform and advance health policy in the form of regulations, guidelines, and budget priorities.

Many other professionals rely on public health data to support their work: researchers to track health trends, grant writers to complete their applications, community organizers to plan activities, journalists to highlight health issues, and many others.

Several centers based in the College of Public Health produce rich sources of Iowa-specific health data, the collection and storage of which is carefully managed to maintain confidentiality and security. Three online resources of Iowa health data are spotlighted in the following pages.

403

cases of mumps  
reported in  
Iowa in 2015

Iowa  
Health  
Fact Book

[iowahealthfactbook.org](http://iowahealthfactbook.org)

**What percentage of Iowa’s 11th graders smoke cigarettes?** How many family practice physicians are there in Sioux County? Is heart disease mortality rising or falling in the state?

The answers to these and a plethora of other public health questions can be found in the *Iowa Health Fact Book*, a free online resource compiled by the University of Iowa College of Public Health, Iowa Department of Public Health, and other partners.

The Fact Book web site provides information for each of Iowa’s 99 counties and, where possible, includes demographics and vital statistics, data on disease incidence and mortality, health and social determinants of health, health resources, and environmental factors. The information is searchable and available publicly to researchers, public health practitioners, policymakers, and anyone else needing Iowa-specific health facts.

11,444

number of hospital beds  
in Iowa in 2014

Previously, the *Iowa Health Fact Book* had been produced in book form and updated every two years. In its new online form, the information is now updated as new statistics become available and is fully searchable by county or aspects of health, such as cancer, infectious diseases, and health care facilities.

“We’re excited about how this new web site will make it easier for users to browse and summarize the data that is specific to their county,” says Jacob Oleson, director of the Center for Public Health Statistics. “Whenever possible, we’ve included the same types of information in the same tabular and graphical format as in the past.”

With ongoing updates, the Fact Book allows for the presentation of data longitudinally, giving a picture of the changing Iowa health landscape, Oleson adds.

“As we continue this effort over the years, we are in a better position to track changes, measure progress, and identify areas of weakness,” Oleson says.

In addition to the UI College of Public Health and Iowa Department of Public Health, contributors to the *Iowa Health Fact Book* include the Iowa Department of Inspections and Appeals, Iowa Registry for Congenital and Inherited Disorders, Iowa State Trauma Registry, State Health Registry of Iowa/Iowa Cancer Registry, Office of Statewide Clinical Education Programs, Iowa Health Professions Tracking Center, University of Iowa Information Technology Services, Iowa Consortium for Substance Abuse Research and Evaluation, National Center for Health Statistics - U.S. Centers for Disease Control and Prevention, and U.S. Census Bureau.

17,400

estimated new cancers  
among Iowans in 2017

## Burden of Injury in Iowa

[cph.uiowa.edu/iprc/resources/](http://cph.uiowa.edu/iprc/resources/)

**Injuries are a major public health concern that** affects all Iowans, regardless of age, race, or gender. However, the distribution of the cause, intent, and type of these injuries varies greatly throughout Iowa’s 99 counties, depending on their population demographics and other factors.

The *Burden of Injury in Iowa* report, produced as a partnership of the UI Injury Prevention Center (IPRC) and the Iowa Department of Public Health, provides statewide rates of injury deaths and non-fatal hospitalizations for all types of injuries, as well as information on the specific burden of injury in each county of Iowa.

With the most recent data presented in an interactive map, users can click on a county to view its corresponding information. Previous reports are also available in PDF format.

“Injuries are preventable,” says Corinne Peek-Asa, director of the IPRC. “The *Burden of Injury in Iowa* report has been used extensively by both local health departments and agencies to prioritize injury programs and promote the need for injury prevention throughout the state.”

Efforts to reduce the burden of injuries are most effective when they are tailored to the specific injury burden and the needs of the target population, Peek-Asa adds. She encourages communities, health practitioners, and local policymakers to use the report to develop strategies and policies to reduce injuries.

The report is based on death certificate information from the Iowa Department of Public Health, as well as hospitalization data from the Iowa Hospital Association hospital inpatient discharge data.

752

babies born  
during an average  
week in Iowa





# State Health Registry of Iowa

[cph.uiowa.edu/shri/](http://cph.uiowa.edu/shri/)

**In 2017, the State Health Registry of Iowa, also known as the Iowa Cancer Registry, will collect data on an estimated 17,400 new cancers among Iowa residents. Investigators at the Iowa Cancer Registry also estimate that 6,200 Iowans will die from cancer in 2017, 18 times the number caused by auto fatalities.**

These estimates are based on mortality data the Iowa Cancer Registry receives from the Iowa Department of Public Health. The registry has been gathering cancer incidence and follow-up data for Iowa since 1973 and is one of fourteen population-based registries and three supplementary registries nationwide providing data to the National Cancer Institute.

Each year, the registry releases the *Cancer in Iowa* report, which provides county-by-county statistics for new cancer cases and cancer deaths, as well as an estimate of the top 10 types of new cancer and cancer deaths for males and females in Iowa for the coming year. Available online, the 2017 report also includes a special section highlighting liver cancer, which is increasing in Iowa, particularly among the “baby-boomer” population; summaries of current research projects; and a selected list of publications produced during the previous year.

The registry web site also houses an interactive map that provides cancer incidence rates and cancer mortality in Iowa going back to 1973. The data is searchable by county, cancer site, gender, race/ethnicity, and other parameters.

“The registry makes this data available so health providers, health departments, and cancer organizations can track progress and determine areas of need,” says Mary Charlton, assistant professor of epidemiology and an investigator with the Iowa Cancer Registry.

In addition to reporting on cancer incidence, survival, and mortality among Iowans, the registry responds to requests from individuals and organizations in the state of Iowa for cancer data and analyses, and provides data and expertise for cancer research activities and educational opportunities.

In 2017, the registry is participating in more than 75 studies, including the Agricultural Health Study, a long-term study of agricultural exposures (including pesticides) and chronic disease—especially cancer—among commercial or private pesticide applicators (and their spouses, if married) in Iowa and North Carolina. Now in its 24th year, the study is funded through the National Cancer Institute and involves several federal agencies.

Registry data are also being used to evaluate the treatment received for a first cancer and the risk it places on the patient for development of a second cancer, to monitor the impact of the Human Papillomavirus Virus (HPV) vaccine on HPV types in cancers, and to research the association between organ transplantation and elevated cancer risks.

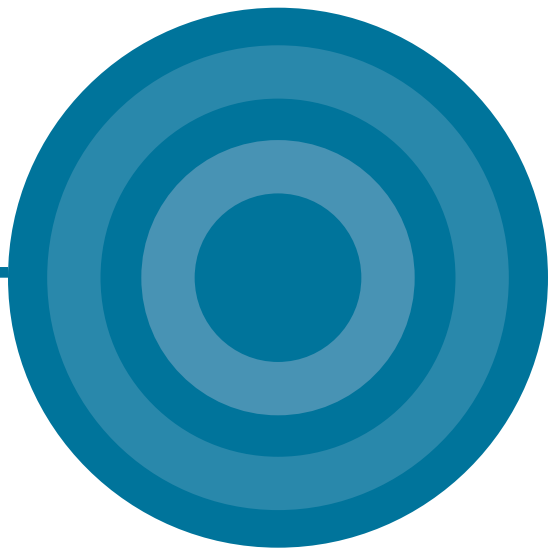


# The Telehealth Revolution

Connecting small hospitals to “telehealth hubs” is dramatically changing the way rural areas deliver health care.

BY JIM SCHNABEL





**T**elecommunications technology is driving a quiet revolution in health care, and nowhere is that revolution more evident than in the small hospitals of the American heartland. With the new telehealth systems, providers in rural care centers, who once might have been challenged to handle surges in patients or difficult cases—complex trauma cases from car accidents, for example—can flip a switch to connect their exam rooms, via high-resolution cameras and audio equipment, to highly trained emergency medicine specialists working from urban hospital hubs.

“The technology is at the point where it’s economical, effective, and reliable,” says Marcia Ward, CPH professor of health management and policy, who directs the Rural Telehealth Research Center (RTRC). “The telehealth hub has not only emergency medicine physicians to guide care, but also staff who can research medications and arrange patient transfers. That assistance allows the providers in these small hospitals to focus on giving direct care to the patient.”

### **Rapid Rural Expansion**

One of the largest telehealth companies, South Dakota-based Avera eCare, already serves more than 10 percent of the rural hospitals designated as “critical access” care facilities because of their relative isolation.

“That’s more than 130 hospitals—which is broad coverage for something that’s relatively new,” says Clint MacKinney, CPH clinical associate professor of health management and policy and deputy director of the RTRC. “Just the fact that it’s expanding so rapidly tells you it’s delivering value in rural hospitals.”

The initial rollout of telehealth systems in these hospitals has been helped in many cases by government or charitable grants to fund the installation of cameras and other equipment. But MacKinney says the ongoing cost to new client hospitals seems manageable, at roughly \$60,000 per year for Avera’s eEmergency service, for example. “I’m not seeing a lot of pushback on that figure,” he says.

### **Evaluating Telehealth**

The RTRC, a collaboration of the University of Iowa, University of North Carolina-Chapel Hill, and the University of Southern Maine, is funded by the federal Health Resources and Services Administration to evaluate the extent, outcomes, and challenges of telehealth in America’s more remote care centers. It has been one of the most active and prolific research institutions in this field.

“The part of telehealth that we’ve looked at most extensively is its use in rural emergency departments,” says Ward. She and her colleagues have found evidence that tele-emergency services help patients by increasing overall clinical care quality and reducing the time needed to deliver care.

“Tele-emergency services are used for the most severe trauma cases,” says Nicholas Mohr, UI associate professor of emergency medicine. In one recent study of rural North Dakota hospitals, Mohr and his RTRC colleagues found that “when tele-emergency services were engaged, trauma patients were transferred out of rural emergency departments more rapidly than those for whom the services weren’t used,” he says.

Telehealth also appears to deliver subtler but perhaps no less important benefits to hospitals and caregivers. For example, it can reduce the sense of isolation among providers at rural care centers, making them easier to recruit and retain. Moreover, telehealth allows the management within rural hospitals of many patients who would otherwise have been transferred immediately to larger urban hospitals. That retention of patients can make a big difference to a hospital’s bottom line and its long-term ability to serve its community.



### **New Services**

Much like the early Internet, telehealth is now seeing a proliferation of services that can work through its new telecommunications medium. The RTRC’s researchers have recently examined or are now examining new specialty tele-emergency services that help client hospitals diagnose and treat specific acute conditions including sepsis (blood infection), psychiatric emergencies, and stroke.

“In the case of stroke there are clot-busting drugs that can really save the brain if they’re administered in time, but you have to make sure the stroke is from a vessel blockage rather than a bleed,” says Ward. “The idea is that a neurologist at a ‘tele-stroke’ hub who has seen hundreds of these cases can evaluate the CT scan, look at the patient, and help the provider in the rural hospital come to the right treatment decision more quickly.”

Beyond tele-emergency, telehealth companies are now offering services for outpatient clinics, prison medical clinics, school and university infirmaries, long-term care centers, pharmacies, and hospital intensive care units.

### **Room to Grow**

As the RTRC has found in its studies, the spread of these telecom-enabled services has been hampered somewhat by their own novelty, and by factors that complicate American health care generally.

“Issues relating to reimbursement, cross-state licensure, and lack of familiarity all tend to limit expansion,” says MacKinney.

Even so, telehealth still seems to have considerable room to grow. Perhaps the best indicator of its broad potential is the success of the first telehealth service, tele-radiology—the transmission of X-ray, MRI, and other medical imaging data to off-site expert radiologists for interpretation. Tele-radiology was initially based on simple phone and fax-based telecom technology, but expanded rapidly after the introduction of high-bandwidth Internet in the early 2000s. These days it is so much a part of ordinary medical practice that it often isn’t even considered a telehealth service.

“It’s almost ubiquitous now,” MacKinney says.

# Crowdfunding for Health Care

A project to improve health care access for Congolese refugees in Iowa recently received support from a new crowdfunding venture.

For nearly two decades, conflict in the Democratic Republic of Congo has caused hundreds of thousands of people to seek refuge in other countries. Within the last year alone, an estimated 239 Congolese refugees have settled in Johnson County, Iowa. A project to improve health care access for this population is now underway thanks to generous public support provided through a new crowdfunding venture.

“This project is focused on understanding the health care needs of the Congolese refugee community in Johnson County,” says Will Story, the project’s leader and CPH assistant professor of community and behavior health. “That’s both working with families to understand the intentions of physicians and health care providers, but also helping physicians understand some of the barriers—cultural, language, transportation—that people are facing when they’re coming into a brand new place.”

## Culturally Competent Care

The “Health for All” project was one of three projects selected by the University of Iowa to pilot its new GOLDrush online crowdfunding platform. Unveiled last fall, the month-long campaign had a goal to raise \$10,000 for each project. Story’s project raised a total of \$10,711 donated by colleagues, local physicians, and concerned citizens.

The team is currently focusing on improving access to existing health services for women and children. Story is collaborating closely with Denise Martinez, a family physician at the UI

Carver College of Medicine, to ensure health care providers are delivering culturally competent care and that patients understand the health care system and trust the providers within that system.

“I saw that they were having a difficult time navigating our health care system, and sometimes were having difficulty with pregnancy,” Martinez says about the Congolese patients in her practice.

Other partners include Zadok Nampala, a refugee health advisor and community liaison, as well as IC Compassion, a local community-based organization, who are helping to engage the Congolese community on their health needs and obstacles to care.

## Opening New Doors

In addition to reaching the fundraising goal, the campaign also helped to establish new connections, Story adds.

“People now know that I’m working with refugees in the Iowa City area, which has opened doors to new partnerships with people who have years of experience working with refugees, as well as additional funding opportunities,” Story says.

A few weeks after the campaign launched, Story attended a refugee assistance meeting at a local church and was shocked to discover many of the people there knew about his project.

“I hadn’t met the majority of them. There were about 100 people there: refugees, community leaders, politicians, public health officials from the state and county level. Those kinds of connections are invaluable to get a community-based project like this going,” Story says.



Congolese women gather for a meeting at IC Compassion.





# Dedicated to Making a Difference

**Sue Curry departs the College of Public Health to begin a new leadership role as UI executive vice president and interim provost.**

PHOTO BY JOHN CHOATE

Sue Curry stepped down as dean of the College of Public Health on April 1, 2017, to begin a new leadership role as interim executive vice president and provost of the University of Iowa.

Appointed College of Public Health dean in 2008, Curry oversaw a number of key milestones in the life of the young college, which will mark its 18th anniversary in August. Curry, who also served as a Distinguished Professor in the Department of Health Management and Policy since 2008, praised faculty, staff, students, and alumni for their many contributions to the college and its ongoing success.

“As dean of the College of Public Health, I had the privilege to lead a highly productive and innovative unit dedicated to making a difference and creating brighter futures for people everywhere,” Curry says. “I’m proud of the many accomplishments we achieved together over the past nine years. The strength and vibrancy of the college’s academic, research, and engagement programs set the college on a path for continued growth, development, and distinction.”

## Expanding Education

Major accomplishments during Curry’s tenure include guiding the development of the college’s burgeoning undergraduate programs, including expanding undergraduate course offerings, establishing undergraduate-to-graduate combined degree options, and in 2016 launching new BA and BS degrees in public health.

“Sue’s advocacy of the undergraduate program and of collaborative teaching elevated our college as an educational leader,” says Tanya Uden-Holman, CPH associate dean for academic affairs. “She engaged our faculty in teaching undergraduate courses and fostered interdisciplinary team-teaching across departments. For the undergrad-to-grad degrees, Sue led collaborations not only with departments on campus, but also formed partnerships with small liberal arts institutions beyond the University of Iowa, which is really unique at the national level.”

Curry encouraged new multidisciplinary research initiatives that connect investigators across and beyond the UI campus, established and developed the Board of Regents-approved Iowa Institute of Public Health Research and Policy, and elevated the college's national rankings. She oversaw completion and dedication of a permanent home for the college, which currently serves more than 400 graduate and undergraduate students.

Curry also championed the implementation of interprofessional education in the health sciences at the UI.

"The College of Public Health took a leadership role to bring together the interprofessional education steering committee on campus," says Uden-Holman. "The university now has an interprofessional education course that attracts more than 600 first-year students from across the health sciences each year."

### **Bringing People Together**

One of Curry's strengths as dean was her skill in bringing people together. "Sue's ability to connect and engage with people made the college about community," Uden-Holman says. "She made sure everybody had the chance to participate."

That same skill also helped Curry forge innovative partnerships with communities throughout Iowa. Several of those partnerships centered around the arts, including collaborations with the Working Group Theatre and Hancher.

"The first time I met Sue I immediately felt engaged by her spirit of collaboration," recalls Chuck Swanson, executive director of Hancher. "Soon we discovered the similarity in the missions of the College of Public Health and Hancher, and we embarked on several ambitious and meaningful projects. The great work continues due to her commitment and belief in working together and creating strong partnerships across the University of Iowa campus."

Another of Curry's initiatives, the Business Leadership Network, reaches out to businesses and communities in Iowa to form collaborations around public health needs identified by local residents (see story on page 6).

*"Sue's advocacy of the undergraduate program and of collaborative teaching elevated our college as an educational leader."*

### **Continuing Excellence**

The college also saw successful growth in philanthropy. At the conclusion of the recent For Iowa. Forever More: The Campaign for the University of Iowa, more than 1,913 donors had contributed a total of \$40 million to the UI College of Public Health, surpassing its \$25.8 million goal.

"Dr. Curry demonstrated strong leadership in the College of Public Health," says UI President Bruce Harreld about Curry's transition to interim provost. "I am pleased she was willing to take on this important role for the University of Iowa as we review our academic organizational structure and begin to implement our strategic plan."

"I'm excited to serve the university in the role of interim provost," Curry adds. "I look forward to working with colleagues across campus to ensure our university's continued academic excellence and national leadership."

"I'm also very pleased that the College of Public Health will be led on an interim basis by Dr. Mueller, who brings outstanding leadership and knowledge of the college to the position," Curry continues. "The college is an extraordinary example of a high-performing organization, and it has been my honor and privilege to serve as dean."





PHOTO BY JOHN CHOATE

## CPH Welcomes Keith Mueller as Interim Dean

Keith Mueller, Gerhard Hartman Professor in the Department of Health Management and Policy, began his role as interim dean of the College of Public Health on April 1, 2017. Mueller will serve as interim dean of the college until a permanent dean is identified through a nationwide search, a process that is expected to begin later this year.

Mueller joined the College of Public Health in 2010 as head of the Department of Health Management and Policy (HMP). While Mueller serves as interim dean, Professor Marcia Ward is stepping into the role of interim head of health management and policy.

Under Mueller's guidance, HMP has developed a distinguished reputation for innovative health policy research, and its graduate program in health care administration is among the most highly ranked in the nation.

Mueller's leadership experience also includes directing the Rural Policy Research Institute (RUPRI) Center for Rural Health Policy Analysis and serving as president of the National Rural Health Association. He also served as both an associate dean and interim dean in the College of Public Health at the University of Nebraska Medical Center.

"I'm grateful to Professor Mueller for taking on this important responsibility," said Kevin Kregel, UI associate provost for faculty. Kregel appointed Mueller as interim dean during his tenure as UI acting executive vice president and provost. "He has excellent leadership experience, and I know he will do an outstanding job keeping the college moving forward while the university works to recruit a permanent dean."



## Betsy Chrischilles Appointed Head of Epidemiology

Elizabeth Chrischilles will begin her appointment as head of the University of Iowa Department of Epidemiology on July 1, 2017. She is professor of epidemiology and the Marvin A. and Rose Lee Pomerantz Chair in Public Health.

Chrischilles also directs the Health Effectiveness Research Center and is associate director both for population sciences in the Holden Comprehensive Cancer Center and for biomedical informatics in the UI Institute for Clinical and Translational Science. She holds a secondary appointment in the UI College of Pharmacy.

She is nationally recognized for innovative research in pharmacoepidemiology and comparative effectiveness of medical products and care management systems.

“Now is such an exciting time to be an epidemiologist,” says Chrischilles. “I am excited to be part of a field and a department that are so well-positioned

to inform the grand challenges of patient and population health as we move into the future.”

Chrischilles’ additional research interests include cancer outcomes in practice, medication use and effects among the elderly, and health services epidemiology. She has authored or co-authored more than 160 peer-reviewed papers and is the associate director for population sciences in the UI’s Holden Comprehensive Cancer Center.

A member of the UI faculty since 1982, her honors include receiving the College of Public Health’s Faculty Teaching Award in 2004, the college’s Distinguished Faculty Lectureship in 2007, and the college’s Faculty Research Award in 2014. In 2009, Chrischilles received the Iowa Pharmacy Association Appreciation Award and in 2015, she was named a Fellow of the Hedwig van Ameringen Executive Leadership in Academic Medicine at Drexel University College of Medicine.



## Jim Torner Steps Down as Department Head

Professor James Torner, who served as head of the Department of Epidemiology from 1999 to 2017, will return to his faculty role when he steps down as department head this summer. He previously served as head of the Division of Epidemiology in the former Department of Preventive Medicine and Environmental Health from 1991 to 1999.

Torner, who holds secondary appointments in surgery, neurosurgery, and health informatics, is highly regarded nationally for his work on an impressive number of research projects, particularly the design of clinical trials. He is the founding director of the Preventive Intervention Center and the Iowa Principal Investigator for the Multi-center Knee Osteoarthritis Study. He is also a design consultant on NeuroNEX, a National Institute of Neurological Disorders and Stroke (NINDS) initiative to conduct exploratory trials in neurological conditions, and the senior associate director of the UI Institute for Clinical and Translational Science.

Torner has coordinated and conducted clinical trials in neurological disorders, acute brain injury, osteoporosis, and women’s health, and has conducted evaluations of injury and trauma systems as well as evaluations of medical devices and pharmaceuticals. He is a Fellow of the American College of Epidemiology and American Heart Association and has published more than 500 research articles and conference papers.

## Atchison to Retire from UI Roles



Christopher Atchison, director of the State Hygienic Laboratory (SHL) at the University of Iowa and associate dean for public health practice at

the UI College of Public Health, has announced plans to retire June 30, 2017, after serving the state of Iowa and the University of Iowa in those roles for a decade. Atchison also will retire at the same time from his position as clinical professor in health management and policy.

Atchison's knowledge, understanding, and extensive personal network within the state and national public health community made him an invaluable member of the college's leadership team.

"With his retirement, Chris will bring to a close a remarkable 32-year career in public health—and 45-year career in public affairs—marked by many accomplishments," added University of Iowa Vice President for Research and Economic Development Dan Reed. "Under his guidance since 2006, the SHL has been an enormous public health asset to the local community, the state of Iowa, the region, and beyond."



## Rohlman Named Chair in Rural Safety and Health

Diane Rohlman, CPH associate professor of occupational and environmental health, has been appointed as the Endowed Chair in Rural Safety and Health.

Rohlman's research focuses on the health effects of occupational and environmental exposures, with emphasis on the increased workplace risks faced by younger employees.

Her studies have examined agricultural workers in the United States and around the world, including research on the effects of pesticide exposure on adolescents and their developing nervous system. She also has studied how lifestyle factors, such as risk-taking, substance use, distracted behaviors, and fatigue or sleep deprivation, can impact safety on the job, as well as the effect of interventions directed toward supervisors and workplace policies.

A UI faculty member since 2012, Rohlman also directs the Healthier Workforce Center of the Midwest as well as the Agricultural Safety and Health Training Program in the UI's Heartland Center for Occupational Health and Safety.



Sue Curry, Joseph Cavanaugh, and UI President Bruce Harreld



Jasmine Mangrum and UI President Bruce Harreld

## Cavanaugh and Mangrum Honored with Hancher-Finkbine Medallions

Joseph Cavanaugh, professor and head of biostatistics, and Jasmine Mangrum, a Doctor of Pharmacy and Master of Public Health student, were honored with Hancher-Finkbine Medallions at the University of Iowa's annual Finkbine Dinner on April 11, 2017. The awards recognize leadership, learning, and loyalty. Seven medallions are awarded annually to four outstanding students, one professor, one staff member, and a graduate who has attained special distinction.





## Mueller Receives Marion L. Huit Faculty Award

Keith Mueller, Gerhard Hartman Professor and

College of Public Health interim dean, was presented with the M.L. Huit Faculty Award on April 11, 2017. The award is given annually to a faculty member who characterizes the qualities of dedication to, concern for, and interaction with students. The recipient is chosen by the members of Mortar Board and ODK honor societies.



## College Honors 2017 Outstanding Alumni Award Recipients

The College of Public Health honored Kaitlin Emrich (09MPH, pictured on the right) and Ann Garvey (03MPH) with the college's 2017 Outstanding Alumni Awards. The recipients

received their awards at a May ceremony and reception.

Emrich is the assessment and health promotion manager at Linn County Public Health in Cedar Rapids, Iowa. In this role, she was instrumental in Linn County Public Health receiving accreditation by the national Public Health Accreditation Board in 2015, the first health department in the state of Iowa to achieve this honor. She has also managed her organization's development and completion of the community health assessment and community health improvement plan, and has contributed to and overseen many successful community health initiatives.

Garvey is the state public health veterinarian and deputy state epidemiologist at the Iowa Department of Public Health, where she provides oversight of infectious disease surveillance and investigation, develops state plans for infectious disease emergencies, and conducts educational sessions and outreach to a wide range of stakeholders on current and emerging public health issues. She collaborates with local public health partners, the State Hygienic Laboratory, and other government agencies to serve Iowa in public health practice, education and training, and research.

Read more about this year's honorees at [cph.uiowa.edu/alumni/](http://cph.uiowa.edu/alumni/).



## College Welcomes Christine Scheetz as Director of Development

Christine Scheetz joined the University

of Iowa Foundation in March 2017 as the new director of development for the College of Public Health. Her previous experience includes over 25 years in nonprofit and health care leadership, philanthropy, community health planning, research, and advocacy. Most recently, Scheetz served as the senior vice president for population health and systems integration for Aging & In-Home Services of Northeast Indiana, where she oversaw strategy and integration of community-based services with clinical care to address the social determinants of health in value-based payment models.

Previously, Scheetz was principal and CEO of Community Development Group Consultants; vice president of the National Resilience Institute; president & CEO for United Way of Johnson & Washington Counties; director of community and patient relations for University of Iowa Hospitals and Clinics; community health partnership coordinator (Healthy People 2000 and 2010), Mercy Iowa City; program director, statewide assessment, Iowa Consortium for Substance Abuse Research & Evaluation; and executive director for the Iowa Center for HIV/AIDS Resources and Education.

In philanthropy, Scheetz has worked with major gifts, strategic public-private partnerships, corporate and foundation relations, campaign planning and implementation, communications, and stewardship.

"I'm delighted to be working with Interim Dean Keith Mueller, department heads, faculty, staff, alumni, donors, and friends to enhance alumni and donor engagement for the college, and am grateful for your warm welcome," says Scheetz. "I look forward to helping increase awareness of the college's outstanding academic programs, research, and outreach."

Scheetz has a BA from the University of Iowa and an MPA from Drake University. She can be reached at [scheetz@uifoundation.org](mailto:scheetz@uifoundation.org) or (319) 467-3781.



## Sepúlveda Awarded Honorary Doctor of Science Degree

The University of Iowa awarded wellness innovator Martín-José Sepúlveda, MD, FACP, an Honorary Doctor of Science degree during the spring 2017 commencement exercises. Over a three-decade career with IBM, Sepúlveda has become one of the leading innovators in the development of employee health and wellness programs in the U.S. private sector.

After completing a fellowship in internal medicine and occupational medicine at the University of Iowa Hospitals and Clinics in 1985, Sepúlveda was instrumental in the development of a health management framework that has since become a model for employers around the world. In 2009, IBM promoted him to IBM Fellow, the company's most prestigious technical honor, for "having advanced national priorities for healthcare delivery reform, healthier people and healthier workplaces."

Sepúlveda remained closely affiliated with the UI after his fellowship. He is a charter member of the College of Public Health's Board of Advisors, and was a founding member of the External Advisory Committee of the UI Health Workforce Center for Excellence. In 2003, he received the university's highest alumni honor, the Distinguished Alumni Award for Achievement; and in 2013, he received the College of Public Health's highest honor, the Richard and Barbara Hansen Leadership Award and Distinguished Lectureship.



## Corbeil and Roberts Named UI Distinguished Alumni

Alumni Stephen E. Corbeil (84MA) and Rosebud Roberts (90MS) were named recipients of 2017 University of Iowa Distinguished Alumni Awards for Achievement.

An innovative leader of hospitals and health care systems, Corbeil successfully managed multiple health care organizations during his distinguished career. In December 2016, he retired as president of TriStar Health, a division of the Hospital Corporation of America (HCA). He now serves as a consultant with HCA, primarily engaged with its executive development program. He remains a generous supporter of the UI College of Public Health, where he and his wife, Mary Kay, established a fellowship fund for deserving Master of Health Administration students. Corbeil has also mentored many UI students, and he served on the UI Department of Health Management and Policy board for 12 years.

Roberts is an outstanding scientist whose pioneering research in the field of dementia and mild cognitive impairment could benefit millions worldwide who suffer from such conditions. She is a professor of epidemiology and neurology and chair of the Division of Epidemiology at the Mayo Clinic in Rochester, Minnesota. Her work has had a profound impact on clinical care and national decision-making related to aging and cognitive impairment. A highly published scholar and dedicated mentor, Roberts has influenced the careers of numerous students, research and clinical fellows, and junior faculty.



## Youth Flag Football May Not Be Safer than Tackle

University of Iowa Health Care researchers report that the results of a study of injury rates in youth football leagues did not show flag football to be safer than tackle football.

Concerns about the rate of concussions among athletes and the long-term effects of repeated head injuries led to discussion that children under the age of 12 should not participate in contact sports such as tackle football.

The researchers studied three large youth football leagues with almost 3,800 combined participants. The research team compared the number of injuries, severe injuries, and concussions in players competing on flag football teams and tackle football squads.

The results of the study, published in the *Orthopaedic Journal of Sports Medicine*, showed that injuries were more likely to occur in youth flag football than in youth tackle football. There was no significant difference in the number of severe injuries and concussions between the leagues.

“We wanted to test the hypothesis that not allowing tackling might reduce the risk for injury in young athletes,” said Andrew Peterson, a specialist with UI Sports Medicine and the study’s lead author. “Based upon our results, we cannot conclude that youth flag football is safer than youth tackle football.”

The researchers found that the number of injuries in youth football players is relatively low overall, but sports-related injuries remain the leading cause of injury among children and adolescents. About 2.8 million people between the ages of 6 and 14 participate in youth football in the U.S.

“We hope that this information will help families as they make decisions about a child’s participation in youth football, either in flag or tackle leagues,” says Peterson.

The research team also included Adam Kruse, Scott Meester, Benjamin Reidle, Tyler Slayman, Todd Domeyer, Joseph Cavanaugh, and Kyle Smoot, a senior author on the study formerly at the University of Iowa and currently at the University of Kentucky.

*The results of the study showed that injuries were more likely to occur in youth flag football than in youth tackle football.*



# CLASS NOTES

**SHALINI BHATIA** (14MS) is a biostatistician at A.T. Still University in Kirksville, Missouri.

**ALYSSA BILLMEYER** (16MPH) is a health-system pharmacy administration resident at Froedtert Health and the Medical College of Wisconsin in Milwaukee, Wisconsin.

**HEIDI (QUENZER) BOWMAN** (11MHA) is director of operations at ProMedica Health System in Toledo, Ohio.

**ALISON BOYLES** (09MPH) is an AmeriCorps VISTA Fellow at Heartland Community Health Center in Lawrence, Kansas.

**MATT CHRISMAN** (13PhD) is an assistant professor at the University of Missouri - Kansas City in Kansas City, Missouri.

**KELLY DRAKE** (05Certificate) is program manager, WW Food Safety & Compliance at Amazon.com in Seattle, Washington.

**MICHELLE FORMANEK** (13MS) is a biostatistician at the National Marrow Donor Program/Be the Match in Minneapolis, Minnesota.

**JULIA FRIBERG** (16MPH) is a research health science specialist at CADRE in the Iowa City VA Medical Center in Iowa City, Iowa.

**ERIC HAWKINS** (09MS) is director of the Division of Tuberculosis and Refugee Health at Indiana State Department of Health in Brownsburg, Indiana.

**HAYLEY HEGLAND** (10MPH) is SIM C3 project manager and independent contractor for Linn County, Iowa.

**MEGAN HICKS** (05Certificate) is executive director at South Carolina Tobacco-Free Collaborative in Lexington, South Carolina.

**KIMBERLY HOPPE PARR** (13PhD) is assistant project manager at GZA GeoEnvironmental, Inc. in Waukesha, Wisconsin.

**NICK HOWALD** (15MHA) is associate administrator at HCA, TriStar Centennial Medical Center in Nashville, Tennessee.

**KIMBERLY KIM** (11MPH) is program coordinator contractor at Heartland Surrogacy in Des Moines, Iowa.

**JAKE KUNDERT** (16MPH) is the local foods associate at Iowa Valley RC&D in Amana, Iowa.

**KIM LAMON-LOPERFIDO** (08MPH) is a social worker with OC CARES Team at Orange County Department on Aging in Raleigh-Durham, North Carolina.

**JESSICA LARSON** (14MPH) is senior project manager, governance relations at Providence Health and Services in Renton, Washington.

**JACQUELINE LEUNG** (10MS) is community/enrollment organizer at COFA Alliance National Network in Salem, Oregon.

**ELLEN (PAASCH) MAAHS** (13MPH) is outreach and professional development coordinator with the Breast and Cervical Cancer Early Detection Program at the Iowa Department of Public Health in Des Moines, Iowa.

**MICHAEL MORRIS** (03MHA) was named one of the Minneapolis/St. Paul Business Journal's 2017 40 Under 40 honorees for outstanding professional accomplishments in his industry and community. Morris is director of business development at St. Francis Regional Medical Center in Shakopee, Minnesota.

**NOEL PINGATORE** (06Certificate) is manager of the Health Education and Chronic Disease Department at Inter-Tribal Council of Michigan in Sault Sainte Marie, Michigan.

**SCOTT SELTRECHT** (16MPH) is an influenza surveillance coordinator/epidemiologist at Iowa Department of Public Health in Des Moines, Iowa.

**AASHAY SHAH** (15PhD) is an associate at McKinsey & Company in Minneapolis, Minnesota.

**MARK SHELLMYER** (01MHA) is director of operations at Florida Hospital Medical Group in Orlando, Florida.

**MINDI TENNAPEL** (15PhD) is director of clinical research at University of Kansas Medical Center in Kansas City, Kansas.

**ALFREDO VERGARA** (90MS, 93PhD) is Mozambique Country Director at the Centers for Disease Control and Prevention in Maputo, Mozambique.

**SHYLO WARDYN** (10MS) is project manager at Fred Hutchinson Cancer Research Center in Seattle, Washington.

**JEREMY WHITAKER** (05MPH) is director of the Public Health Program and assistant professor at Allen College in Cedar Falls, Iowa.

## SHARE YOUR NEWS

Have you started a new job, received an honor or award, or achieved a noteworthy milestone or accomplishment? Share your professional news and updates with fellow College of Public Health alumni! Submit your news to [tara-mckee@uiowa.edu](mailto:tara-mckee@uiowa.edu) with Class Notes in the subject line. Be sure to include your year of graduation, department or program, and contact information so we can follow up with any questions.

# Increasing Mental Health Literacy

BY TARA MCKEE



**Jill Kluesner always knew she wanted to go into a field where she could help people create the best life for themselves.** Through her business, Jill Kluesner Consulting, LLC, she focuses on projects that increase mental health literacy all over the country.

As a Mental Health First Aid instructor, she teaches an eight-hour course that provides training on how to help someone who is developing a mental health problem or experiencing a mental health crisis.

“What excites me most about this work is when a past training participant says, ‘Thank you, your class gave me the confidence to reach out and help someone in my life,’” Kluesner says.

Though she has taught over 100 courses reaching more than 2,500 individuals across the state of Iowa, Kluesner loves to teach in her hometown of Dyersville, where many training participants are also friends, family, and neighbors.

“There is a strong culture in our community of supporting one another through tough times,” she says. “Mental Health First Aid is a great course for small communities, as the foundation of support is already laid.”

In 2007, Kluesner received her Master of Arts in Rehabilitation Counseling from the University of Iowa. Although she enjoyed working directly with clients, she was interested in pursuing work that had potential systemic impact. To learn more about advancing efforts in the mental health field at a macro level, she obtained a Certificate in Public Health from the UI College of Public Health in 2012.

Kluesner works on many different behavioral health-related projects. As a national trainer for Mental Health First Aid with the National Council for Behavioral Health, she teaches and certifies individuals all over the country in the Mental Health First Aid curriculum. This allows individuals to then go back to their communities and teach Mental Health First Aid courses locally. She has provided trainings in 30 states, including Alaska and Hawaii. She also works on a UI project that focuses on providing professional development opportunities for Peer Support Specialists in the state of Iowa.

“Each day is new and exciting but the goal is always the same – increase mental health literacy so we can continue to do better,” Kluesner says.



## College of Public Health

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## SPARK

### Pulitzer Prize-Winning Author Matthew Desmond Discusses Housing and Poverty

Matthew Desmond, award-winning author of *Evicted: Poverty and Profit in the American City*, visited the College of Public Health in April to discuss housing, poverty, and eviction in the U.S. His visit included a standing-room-only public lecture, collegiate seminar, and interaction with faculty and students.

Desmond is the John L. Loeb Associate Professor of the Social Sciences and co-director of the Justice and Poverty Project at Harvard University, a social justice advocate, and an urban ethnographer. Based on years of embedded fieldwork, *Evicted* follows eight families in the poorest neighborhoods of Milwaukee, providing an intimate look at extreme poverty, economic exploitation, and the importance of home.

Just days after his visit to the college, Desmond was announced as recipient of the 2017 Pulitzer Prize in General Nonfiction “for a deeply researched exposé that showed how mass evictions after the 2008 economic crash were less a consequence than a cause of poverty.”



“A reason I talk to students a lot is because there are a thousand questions that remain unanswered about the link between housing and poverty,” says Desmond. “Where are evictions going up and down? Which laws work? What are evictions doing to our kids in our cities? What are the fundamental drivers of the affordable housing crisis? There are basic questions out there that are fundamental to understanding how housing is changing the lives of low-income families and communities, and we need students on those questions.”

Watch a video interview with Matthew Desmond at [cph.uiowa.edu/evicted](http://cph.uiowa.edu/evicted)